

State File No. 190. 190

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

(This return should preferably be made by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 190-

Place of Birth Miami County Gila No 3036 Turkey S. Canyon St.
(Registration District)

SEX OF CHILD*	Twin Triplet or other?	}	and	}	Number in order of birth	1
Female						

DATE OF BIRTH* August 27 1927
(Month) (Day) (Year)

FULL NAME FATHER
Concepcion Ozaeta

FULL MAIDEN NAME MOTHER
Simona Soto

I HEREBY CERTIFY that the child described herein has been named

Josepha Ozaeta

(Give name in full)

(Surname)

Simona S. Ozaeta
(Parent's Signature)

Cyril M. Cron

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

6M 5/20/41

✓ 161-827-226

RECEIVED

SEP 13 1927

Ans

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